

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

9 7 — 0 1 2

2. STATE:

Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

June 3, 1997

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70 & 441.15

7. FEDERAL BUDGET IMPACT:

a. FFY '97 \$ 0  
b. FFY '98 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 31-31a; 32-32b; 33 *SL*  
Att. 3.1-B, pp. 30-30a; 31-31b; 32 *SL*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

same

10. SUBJECT OF AMENDMENT:

Home health services & Intermittent or part-time nursing service provided by a home health agency, or by a registered nurse when no home health agency exists in the area

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Jane Wilcox Hardwick

14. TITLE:

Acting Medicaid Director

15. DATE SUBMITTED:

June 17, 1997

16. RETURN TO:

Stephanie Schwartz  
HCFA Relations & Legislation Unit  
Minnesota Department of Human Services  
444 Lafayette Road North  
St. Paul, Minnesota 55155-3853

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

6/23/97

18. DATE APPROVED:

2/23/01

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

June 3, 1997

20. SIGNATURE OF REGIONAL OFFICIAL:

*Cheryl Harris*

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's health

23. REMARKS:

**RECEIVED**

JUN 23 1997

HCFA-V-DMMCP

MINNESOTA  
**MEDICAL ASSISTANCE**  
Federal Fiscal Impact of Proposed State Plan Amendment TN 97-12  
Attachments 3.1-A/B: Skilled Nurse Visits

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Recently enacted legislation, effective June 3, 1997, requires that no prior authorization is required for the first five skilled nurse visits during a calendar year. Attachments 3.1-A/B have been amended to add this language.

There is no budget impact to proposed TN 97-12. If coverage criteria are met, skilled nurse visits will be authorized. The Department expects neither an increase nor a decrease in the number of skilled nurse visits.

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7. Home health services.

- Covered home health services are those provided by a Medicare certified home health agency ~~which~~ that are: (a) medically necessary health services; (b) ordered by a physician; (c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and (d) provided to the recipient at his or her own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) ~~or licensed health care facility~~ unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent and admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR<sub>7</sub> Part 483, subpart I.
- Department prior authorization is required for home health aide visits or skilled nurse visits, unless a physician has ordered such visits and:
  - a) the professional nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request to the Department for authorization of payment within 20 working days of the initial service date, and medical assistance is the appropriate payer; or
  - b) this is the first through the fifth skilled nurse visit during a calendar year.

Department prior authorization is based on medical necessity<sub>7</sub>, physician's orders<sub>7</sub>, the recipient's needs, diagnosis, and condition<sub>7</sub>, the plan of care<sub>7</sub>, and cost-effectiveness when compared with other care options.

- The following home health services are not covered under medical assistance:
  - a) home health services that are the responsibility of the foster care provider;
  - b) ~~home health services when the number of foster care residents is greater than four<sub>7</sub>~~

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Supersedes: 97-07

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7. Home health services. (continued)

- eb) home health services when ~~combined with private duty nursing services, personal care services, and foster care payments, less the base rate, that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost effective, not medically appropriate services necessary;~~
  - ec) services to other members of the recipient's household;
  - ed) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
  - fe) nursing and rehabilitation therapy services that ~~are can reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care. However, home-bound recipients are not required to receive such services outside their home~~ be obtained as outpatient services; and
  - gf) any home health agency service, ~~excluding personal care assistant services and private duty nursing services, which are that is~~ performed in a place other than the recipient's residence; and
  - g) more than one visit per day.
- Home health agencies that administer pediatric vaccines as noted in item 5.a., Physician's services within the scope if their licensure must enroll in the Minnesota Vaccines for Children Program.

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area.

- Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency which that are:
  - a) medically necessary;
  - b) ordered by a physician;
  - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  - d) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR), ~~or licensed health care facility~~ unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR § Part 483, subpart I.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.
- Home health agencies or registered nurses that administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.
- Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence under a plan of care or services plan that specifies a level of care which the nurse is qualified to provide. These services are:
  - a) nursing services according to the written plan of care or services plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- b) services which, due to the recipient's medical condition, may only be safely and effectively provided by a registered nurse or a licensed practical nurse;
  - c) assessments performed only by a registered nurse; and
  - d) teaching and training the recipient, the recipient's family, or other caregivers ~~requiring the skills of a registered nurse or licensed practical nurse.~~
- The following services are not covered under medical assistance as intermittent or part-time nursing services:
    - a) nurse visits for the sole purpose of supervision of the home health aide;
    - b) a nursing visit that is:
      - i) only for the purpose of monitoring medication compliance with an established medication program; or
      - ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-administer or prefill a medication;
    - c) a visit made by a nurse solely to train other home health agency workers;
    - d) nursing services that ~~are can~~ reasonably accessible ~~to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care be obtained as outpatient services; and~~

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- e) Medicare evaluation or administrative nursing visits for dually eligible recipients that do not qualify for Medicare visit billing;
- f) skilled nurse visits (beyond the first five during a calendar year) that are not prior authorized; and
- g) nursing visits when not medically necessary.

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7.b. Home health aide services provided by a home health agency.

- Covered home health aide services are those provided by a Medicare-certified home health agency ~~which~~ that are:
  - (i) medically necessary;
  - (ii) ordered by a physician;
  - (iii) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  - (iv) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) ~~or licensed health care facility~~.
- Home health aide services must be provided under the direction of a registered nurse.
- Home health aide services must be employees of a home health agency and be approved by the registered nurse to perform medically oriented tasks written in the plan of care.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.



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- Department prior authorization is required for home health aide visits or skilled nurse visits, unless a physician has ordered such visits and:
  - a) the professional nurse determines an immediate need for up to 40 home health aide visits or skilled nurse visits per calendar year and submits a request to the Department for authorization of payment within 20 working days of the initial service date, and medical assistance is the appropriate payer; or
  - b) this is the first through the fifth skilled nurse visit during a calendar year.

Department prior authorization is based on medical necessity, ~~the~~ physician's orders, ~~the~~ the recipient's needs, diagnosis, and condition, ~~the~~ the plan of care, ~~and~~ and cost-effectiveness when compared with other care options.

- The following home health services are not covered under medical assistance:
  - a) home health services that are the responsibility of the foster care provider;
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7. Home health services. (continued)

- eb) ~~home health services when combined with private duty nursing services, personal care services, and foster care payments, less the base rate, that exceed the total amount that public funds would pay for the recipient's care in a medical institution. This is a utilization control limitation conducted on a case-by-case basis in order to provide the recipient with the most cost-effective, not medically appropriate services necessary;~~
  - ec) services to other members of the recipient's household;
  - ed) any home care service included in the daily rate of the community-based residential facility in which the recipient resides;
  - fe) ~~nursing and rehabilitation therapy services that are can reasonably accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care. However, home-bound recipients are not required to receive such services outside their home be obtained as outpatient services; and~~
  - gf) ~~any home health agency service, excluding personal care assistant services and private duty nursing services, which are that is performed in a place other than the recipient's residence; and~~
  - g) more than one visit per day.
- Home health agencies that administer pediatric vaccines as noted in item 5.a., Physician's services within the scope if their licensure must enroll in the Minnesota Vaccines for Children Program.

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area.

- Covered intermittent or part-time nursing services are those provided by a Medicare-certified home health agency which that are:
  - a) medically necessary;
  - b) ordered by a physician;
  - c) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  - d) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR), ~~or licensed health care facility~~ unless skilled nurse visits have been prior authorized for less than 90 days for a resident at an ICF/MR in order to prevent an admission to a hospital or nursing facility and is not required to be provided by the facility under 42 CFR § Part 483, subpart I.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.
- Home health agencies or registered nurses that administer pediatric vaccines as noted in item 5.a., Physicians' services within the scope of their licensure must enroll in the Minnesota Vaccines for Children Program.
- Nurse visits are covered by medical assistance. The visits are provided in a recipient's residence under a plan of care or services plan that specifies a level of care which the nurse is qualified to provide. These services are:
  - a) nursing services according to the written plan of care or services plan and accepted standards of medical and nursing practice in accordance with State laws governing nursing licensure;

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- b) services which, due to the recipient's medical condition, may only be safely and effectively provided by a registered nurse or a licensed practical nurse;
  - c) assessments performed only by a registered nurse; and
  - d) teaching and training the recipient, the recipient's family, or other caregivers ~~requiring the skills of a registered nurse or licensed practical nurse.~~
- The following services are not covered under medical assistance as intermittent or part-time nursing services:
    - a) nurse visits for the sole purpose of supervision of the home health aide;
    - b) a nursing visit that is:
      - i) only for the purpose of monitoring medication compliance with an established medication program; or
      - ii) to administer or assist with medication administration, including injections, prefilling syringes for injections, or oral medication set-up of an adult recipient, when as determined and documented by the registered nurse, the need can be met by an available pharmacy or the recipient is physically and mentally able to self-administer or prefill a medication;
    - c) a visit made by a nurse solely to train other home health agency workers;
    - d) nursing services that ~~are~~ can reasonably ~~accessible to a recipient outside their place of residence, excluding the assessment, counseling and education, and personal care be obtained as outpatient services; and~~

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7.a Intermittent or part-time nursing services provided by a home health agency, or by a registered nurse when no home health agency exists in the area. (continued)

- e) Medicare evaluation or administrative nursing visits for dually eligible recipients that do not qualify for Medicare visit billing;
- f) skilled nurse visits (beyond the first five during a calendar year) that are not prior authorized; and
- g) nursing visits when not medically necessary.

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7.b. Home health aide services provided by a home health agency.

- Covered home health aide services are those provided by a Medicare-certified home health agency ~~which~~ that are:
  - (i) medically necessary;
  - (ii) ordered by a physician;
  - (iii) documented in a plan of care that is reviewed and revised as medically necessary by the physician at least once every 60 days; and
  - (iv) provided to the recipient at the recipient's own place of residence that is a place other than a hospital, nursing facility, or intermediate care facility for the mentally retarded (ICF/MR) ~~or licensed health care facility~~.
- Home health aide services must be provided under the direction of a registered nurse.
- Home health aide services must be employees of a home health agency and be approved by the registered nurse to perform medically oriented tasks written in the plan of care.
- Homemaker services, social services, educational services, and services not prescribed by the physician are not paid by medical assistance.